

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		09/25/01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	32	10/19
FORMALITY REVIEW	AK	640	10-19-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	0	✓	
6	0	✓	
7	0	✓	
8	0	✓	
9	0	✓	
10	0	✓	
11	✓	✓	
12	✓	✓	
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19	0	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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823  
10/19